

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	NW	71534	09-02-99
O.I.P.E. CLASSIFIER			4-8-99
FORMALITY REVIEW	LA	63390	9/15/99

*Response Refused*

### INDEX OF CLAIMS

*1/4/00*

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	5/23/02
2	✓	✓	8/13/02
3	✓	✓	8/13/02
4	✓	✓	8/13/02
5	✓	✓	8/13/02
6	✓	✓	8/13/02
7	✓	✓	8/13/02
8	✓	✓	8/13/02
9	✓	✓	8/13/02
10	✓	✓	8/13/02
11	✓	✓	8/13/02
12	✓	✓	8/13/02
13	✓	✓	8/13/02
14	✓	✓	8/13/02
15	✓	✓	8/13/02
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Claim	Final	Original	Date
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Best Available Copy

If more than 150 claims or 10 actions  
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